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CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

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Sami O. Malas

Sami O. Malas

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Technology Center 2600

In Re Application of:

Rodriguez, et al.

Confirmation No.: **6471**

Serial No.: **10/010,497**

Group Art Unit: **2654**

Filed: **12-03-2001**

Examiner: **Storm, Donald L.**

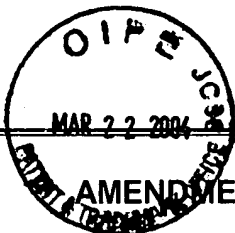
For: **Systems and Methods for TV Navigation
with Compressed Voice-Activated Commands**

Docket No. **A-7179 (191930-1040)**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
Fee Transmittal
Response to Office Action (with Amendments)
Credit Card Authorization - \$1204.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



2654 #

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Rodriguez, et al.

Docket No.

A-7179 (191930-1040)

Serial No.
10/010,497

Filing Date
12-03-2001

Examiner
Storm, Donald L.

Confirmation No.
6471

Group Art Unit
2654

Invention: **Systems and Methods for TV Navigation with Compressed Voice-Activated Commands**

Commissioner for Patents
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P.O. Box 1450
Alexandria VA 22313-1450

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Transmitted herewith is a Response to Office Action (with Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	98 =	0	X \$18.00	\$0.00
INDEP. CLAIMS	17 -	3 =	14	X \$86.00	\$1204.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$290.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 110.00	2 ND MONTH <input type="checkbox"/> 420.00	3 RD MONTH <input type="checkbox"/> 950.00	4 TH MONTH <input type="checkbox"/> 1,480.00	\$0.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1204.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1204.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Sami O. Malas

Sami O. Malas, Reg. No. 44,893

3-17-04

Date

FEE TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revisions.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1204.00****Complete If Known**

Application Number	10/010,497
Filing Date	12-03-2001
First Named Inventor	Rodriguez
Examiner Name	Storm, Donald L.
Group / Art Unit	2654
Attorney Docket No.	A-7179 (191930-1040)

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit Account Number

20-0778

Deposit Account Name

Thomas, Kayden, Horstemeyer Risley, L.L.P.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Fee	Small Entity	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	770	2001	385	Utility Filing Fee	
1002	340	2002	170	Design Filing Fee	
1003	530	2003	265	Plant Filing Fee	
1004	770	2004	385	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee From Below	Fee Paid
Total Claims	17	- 98** = 0	X 18.00 = 0.00
Independent Claims	17	- 3** = 14	X 86.00 = 1204.00
Multiple Dependent			290.00 =

Large Entity	Fee	Small Entity	Fee	Fee Description
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$1204.00)

**or number previously paid, if greater; For Reissues, see above

FEES CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Fee	Small Entity	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1051	130	2051	65	Surcharge-late filing fee or oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive-unavoidable	
1453	1,330	2453	655	Petition to revive-unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional application	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each add. invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited exam. of a design application	

Other fee (specify)

SUBTOTAL (3) (\$)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Sami O. Malas	Registration No.	44,893	Telephone Number	770-933-9500
Signature	<i>Sami O. Malas</i>	Date	03-17-04		

WARNING: Information on this form may become public. Credit Card information should not**be included on this form. Provide credit card information and authorization on PTO-2038**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.